



PATIENT

Joy Greenspan

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

16 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Great &
 Small Fairfield

REFERRING VET

Dr. Perez

INVOICE

15302

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Lethargy, mild azotemia, Cushing's, low ACTH stim- stopped Trilostane. Hard sq mass cranial L abdomen

Abnormal PE/Chem/CBC/UA Results: Azotemia low cortisol

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.75 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the caudal pole.

Spleen

The spleen revealed an irregular expansive mixed echogenic to hypoechoic splenic mass exhibiting indistinct margination measuring at least 7.0 cm to 8.0 cm in diameter yet suspect mildly larger. The mass extended cranially to efface the area of the caudal mid to left liver with mild surrounding hyperechoic perisplenic omentum and mild effusion.

Liver & Gallbladder

The liver presents subjective normal in size with areas of asymmetrical capsule contour and variable heterogeneous parenchyma exhibiting multiple variably sized nonhomogenous hypoechoic intraparenchymal nodules. An example of liver nodule measured 2.0 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mildly thickened wall with mild retained gastric fluid. The stomach wall measured 0.83 cm wall width.

The visualized small intestine was sonographically normal.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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Pancreas

The area of the pancreas was indistinctly visualized owing to increased peripancreatic omental artifact.

Free Abdomen

No overt significant or swollen mesenteric lymphadenopathy although perisplenic lymphadenopathy is not excluded.

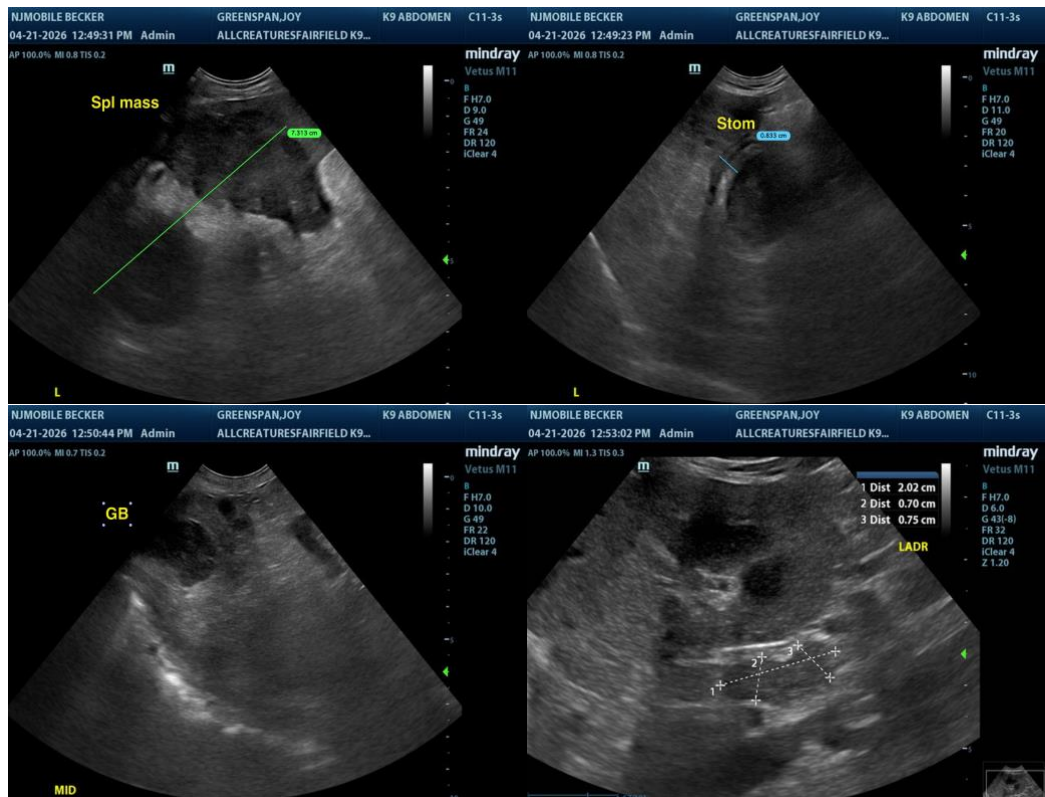
ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Nonhomogenous nodular liver.
- Perisplenic hyperechoic omentum and mild effusion.
- Nonorganized gallbladder debris (non-mucocele).
- Mildly enlarged nonhomogenous adrenal glands.
- Mildly thickened hypomotile stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria involving the liver and spleen is met. Multicentric sarcoma, round cell neoplasia or other is possible. The adrenal glands are likely consistent with patient history in conjunction with chronic renal changes given age.

Hepatosplenic FNA cytology, if normal clotting status, could be considered for further differentiation, however, curative surgical options are precluded indicating an unfavorable prognosis.





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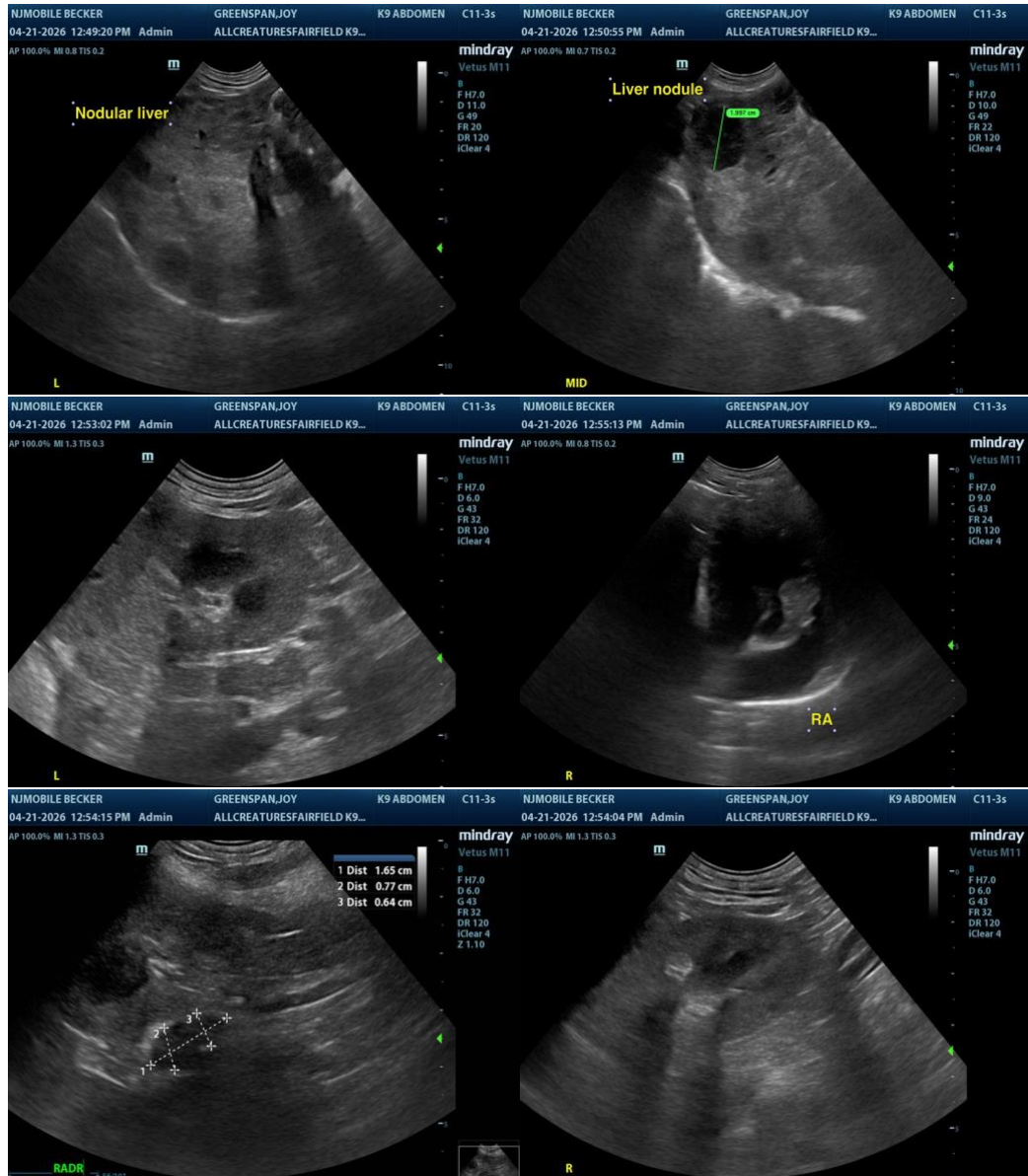
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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